

CLAIMS ONLY							Application Number <i>09/073,596</i>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
<i>10</i> 1	<i>1</i>						51			
<i>10</i> 2		<i>1</i>					52			
<i>10</i> 3		<i>1</i>					53			
<i>10</i> 4		<i>1</i>					54			
<i>10</i> 5		<i>1</i>					55			
<i>10</i> 6		<i>1</i>					56			
<i>10</i> 7		<i>1</i>					57			
<i>10</i> 8		<i>1</i>					58			
<i>10</i> 9		<i>1</i>					59			
<i>1</i> 10		<i>1</i>					60			
<i>1</i> 11		<i>1</i>					61			
<i>1</i> 12		<i>1</i>					62			
<i>1</i> 13		<i>1</i>					63			
<i>1</i> 14		<i>1</i>					64			
<i>1</i> 15		<i>1</i>					65			
<i>1</i> 16		<i>1</i>					66			
<i>1</i> 17		<i>1</i>					67			
<i>1</i> 18		<i>1</i>					68			
<i>1</i> 19		<i>1</i>					69			
<i>1</i> 20	<i>1</i>						70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	<i>6</i>						Total Indep			
Total Depend	<i>32</i>						Total Depend			
Total Claims	<i>38</i>						Total Claims			

CLAIMS ONLY							Application Number: 09/023,596		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
Total Indep										
Total Depend										
Total Claims										

#
2